

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DEVICE LISTING		Complete and Return Only the Original Form to: Food and Drug Administration Center for Devices & Radiological Health, HFZ- 308 9200 Corporate Blvd., Rockville, MD 20850-4015		Form Approved: OMB No. 0910-0387 Expiration Date: April 30, 2008		1. TODAY'S DATE (mm/dd/yyyy)	
NOTE: This form is authorized by Section 510 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360). Failure to report this information is a violation of Section 301(p) of the Act (21 U.S.C.331(p)). Persons who violate this provision may, if convicted, be subject to a fine or imprisonment or both. The submission of any report that is false or misleading in any material respect is a violation of Section 301(q)(2), (21 U.S.C. 331(q)(2)) and may be a violation of 18 U.S.C. 1001. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.							
2. OWNER/OPERATOR NUMBER				4. REGISTRATION NUMBER			
3. OWNER/OPERATOR NAME (Business name)				5. ESTABLISHMENT NAME (Business name)			
NUMBER AND STREET				NUMBER AND STREET			
CITY		STATE		ZIP CODE		CITY	
FOREIGN STATE		POSTAL CODE		COUNTRY		FOREIGN STATE	
POSTAL CODE		COUNTRY		FOREIGN STATE		POSTAL CODE	
COUNTRY		FOREIGN STATE		POSTAL CODE		COUNTRY	
6. LISTING INFORMATION: Number of product codes you are going to list for this establishment:							
REASON FOR LISTING: <input type="checkbox"/> New Listing <input type="checkbox"/> Update to Device Already Listed <input type="checkbox"/> Delete Listing				REASON FOR LISTING: <input type="checkbox"/> New Listing <input type="checkbox"/> Update to Device Already Listed <input type="checkbox"/> Delete Listing			
PRODUCT CODE		PMA NUMBER		510(k) NUMBER		PRODUCT CODE	
PMA NUMBER		510(k) NUMBER		PRODUCT CODE		PMA NUMBER	
510(k) NUMBER		PRODUCT CODE		PMA NUMBER		510(k) NUMBER	
CLASSIFICATION NAME				CLASSIFICATION NAME			
PROPRIETARY NAME				PROPRIETARY NAME			
COMMON OR USUAL NAME				COMMON OR USUAL NAME			
PREVIOUS LISTING NUMBER		LISTING NUMBER		PREVIOUS LISTING NUMBER		LISTING NUMBER	
<input type="checkbox"/> Contract Manufacturer <input type="checkbox"/> Contract Sterilizer <input type="checkbox"/> Foreign Exporter		<input type="checkbox"/> Manufacturer <input type="checkbox"/> Remanufacturer <input type="checkbox"/> Repackager/Relabeler		<input type="checkbox"/> Reprocessor of Single Use Devices <input type="checkbox"/> Specification Developer <input type="checkbox"/> U.S. Manufacturer of Export Only Devices		<input type="checkbox"/> Contract Manufacturer <input type="checkbox"/> Contract Sterilizer <input type="checkbox"/> Foreign Exporter	
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Remanufacturer <input type="checkbox"/> Repackager/Relabeler		<input type="checkbox"/> Reprocessor of Single-use device <input type="checkbox"/> Specification Developer <input type="checkbox"/> U.S. Manufacturer of Export Only Devices		<input type="checkbox"/> Manufacturer <input type="checkbox"/> Remanufacturer <input type="checkbox"/> Repackager/Relabeler		<input type="checkbox"/> Reprocessor of Single-use device <input type="checkbox"/> Specification Developer <input type="checkbox"/> U.S. Manufacturer of Export Only Devices	
REASON FOR LISTING: <input type="checkbox"/> New Listing <input type="checkbox"/> Update to Device Already Listed <input type="checkbox"/> Delete Listing				REASON FOR LISTING: <input type="checkbox"/> New Listing <input type="checkbox"/> Update to Device Already Listed <input type="checkbox"/> Delete Listing			
PRODUCT CODE		PMA NUMBER		510(k) NUMBER		PRODUCT CODE	
PMA NUMBER		510(k) NUMBER		PRODUCT CODE		PMA NUMBER	
510(k) NUMBER		PRODUCT CODE		PMA NUMBER		510(k) NUMBER	
CLASSIFICATION NAME				CLASSIFICATION NAME			
PROPRIETARY NAME				PROPRIETARY NAME			
COMMON OR USUAL NAME				COMMON OR USUAL NAME			
PREVIOUS LISTING NUMBER		LISTING NUMBER		PREVIOUS LISTING NUMBER		LISTING NUMBER	
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<input type="checkbox"/> Manufacturer <input type="checkbox"/> Remanufacturer <input type="checkbox"/> Repackager/Relabeler		<input type="checkbox"/> Reprocessor of Single Use Devices <input type="checkbox"/> Specification Developer <input type="checkbox"/> U.S. Manufacturer of Export Only Devices		<input type="checkbox"/> Manufacturer <input type="checkbox"/> Remanufacturer <input type="checkbox"/> Repackager/Relabeler		<input type="checkbox"/> Reprocessor of Single Use Devices <input type="checkbox"/> Specification Developer <input type="checkbox"/> U.S. Manufacturer of Export Only Devices	
7. SIGNATURE OF OFFICIAL CORRESPONDENT				8. TYPED OR PRINTED NAME		TITLE	